

APPLICATION

TEMPORARY STREET BARRICADE PERMIT

Location: _____

Date of Event: _____

Time: _____

Request: _____

Purpose: _____

Requested by: **Name** _____

Organization _____

Address _____

Phone _____

Date requested: _____

Approval: _____

Chief of Police

Approval: _____

Fire Chief

Approval: _____

Mayor

Mail completed form to: Mayor's Office
 City of Decatur
 P.O. Box 488
 Decatur, AL 35602

Or fax to: 256-341-4504